# NHDES

#### The State of New Hampshire

#### DEPARTMENT OF ENVIRONMENTAL SERVICES

#### Thomas S. Burack, Commissioner



September 28, 2009

Pamela Ringhoff, Chief
U.S. Environmental Protection Agency - New England
Grants Management Office (MGM)
Office of Administration & Resource Management
1 Congress Street, Suite 1100
Boston, MA 02114-2023

Subject:

Raymond – Mottolo Pig Farm Superfund Site Application for Cooperative Agreement

Dear Ms. Ringhoff:

The New Hampshire Department of Environmental Services (NHDES) seeks a Cooperative Agreement for the Mottolo Pig Farm Superfund Site for the period November 1, 2009 to December 31, 2010 in the amount of \$500,000. These funds will be used to reevaluate the site in light of concerns raised by EPA's August 2008 Five Year Review Report and recent analytical results of an expanded residential monitoring program. In addition, funding will support further interpretation of existing data as well as the collection of additional information necessary to close data gaps.

We thank you for your continued assistance. If you have any questions or comments please contact Andrew Hoffman at (603) 271-6778.

Sincerely,

Waste

Management

Division

Digitally signed by Waste Management Division DN cn=Waste Management Division, a=NHDE5, ou=WMO, emails limberly durging-des.nh. gov. c=US Date: 2009-10-02-08-55-44-04-00'

Michael J. Walls Assistant Commissioner

Enclosure

CC:

Mike Wimsatt, NHDES
Fred McGarry, NHDES
Carl Baxter, NHDES
Andrew Hoffman, NHDES
Dick Pease, NHDES
Ken Kettenring, NHDES
Nancy Daigle, NHDES
Mike Jasinski, USEPA
Ron Jennings, USEPA
Bob Shewack, USEPA

while / While

OMB Number:4040-0004 Expiration Date 7/31/06

| Application for        | Federal Assistance SF-424       |            |   |   | Version                       |
|------------------------|---------------------------------|------------|---|---|-------------------------------|
| * 1. Type of submit    | ssion:                          | * 2. Typ   | e of Application:                       | * If Revision                           | select appropriate letter(s): |
| Preappl                | cation                          | X          | New                                     |   | •                             |
| X Applicat             | ion                             |            | Continuation                            | * Other (Spe                            | ecify)                        |
| Change                 | d/Corrected Application         |            | Revision                                |   |                               |
| *3 Date Received:      |                                 | 4. Applic  | cant Identifier:                        |   |                               |
| Completed by Grants.go | ov upon submission              |            |   |   |                               |
| 5a. Federal Entity I   | dentifier:                      |            |   | 5b. Federal                             | Award Identifier:             |
|                        |                                 |            |   | 100                                     | 6121901-2                     |
| State Use Only:        |                                 |            |   |   |                               |
| 6. Date Received b     | y State                         |            | 7. State Application                    | on Number                               | 44                            |
| 8. APPLICANT INF       | ORMATION:                       |            |   |   |                               |
| a. Legal Name          | Nev                             | v Hampsh   | nire Department                         | of Environmen                           | ntal Services                 |
| * b. Employer/Taxp     | ayer Identification Number (Ell | N/TIN)     |   | * c. Organiza                           | ational DUNS:                 |
|                        | 02-600618W                      |            |   | 4                                       | 2828025                       |
| d. Address:            |                                 |            |   |   |                               |
| * Street 1:            | P.O. Box 95                     |            |   |   |                               |
| Street 2:              |                                 |            |   |   |                               |
| • City                 | Concord                         |            |   |   |                               |
| County                 |                                 |            |   |   |                               |
| * State                | New Hampshire                   |            |   |   |                               |
| Province               |                                 |            |   |   |                               |
| * Country              | USA                             |            |   |   |                               |
| * Zip / Postal Code    | 03302-0095                      |            |   |   |                               |
| e. Organizational l    | Jnit:                           |            |   |   |                               |
| Department Name:       |                                 |            |   | Division Nan                            | ne:                           |
| Dep                    | partment of Environmenta        | Services   | 3                                       | Was                                     | ste Management Division       |
| f. Name and conta      | ct information of person to b   | e contacte | d on matters invo                       | lving this applic                       | ation:                        |
| Prefix:                |                                 |            | * First Name A                          | ndrew                                   |                               |
| Middle Name            | J                               |            |   |   |                               |
| * Last Name            | Hoffman                         |            |   |   |                               |
| Suffix:                | P.E.                            |            |   |   |                               |
| Title:                 | Civil Engineer V                |            |   |   |                               |
| Organizational Affilia | ation:                          |            |   |   |                               |
| * Telephone Numbe      | r. 603-271-6778                 |            |   | Fax Number:                             | 603-271-2181                  |
| * Email                | andrew.hoffman@des.nh.go        | ΣΥ         | *************************************** | *************************************** |                               |
|                        |                                 |            |   | *************************************** |                               |

| Application for Federal Assistance SF-424  | Version 02 |
|--|------------|
| 9. Type of Applicant 1: Select Applicant Type:   |            |
| A. State Government  |            |
| Type of applicant 2: Select Type:  |            |
| Type of applicant 3: Select Type:  |            |
| * Other (Specify):   |            |
| 10. Name of Federal Agency:  |            |
| Environmental Protection Agency  |            |
| 11. Catalog of Federal Domestic Assistance Number:   |            |
| 66-802   |            |
| CFDA Title:  |            |
| Hazardous Substance Response Trust   |            |
| * 12. Funding Opportunity Number:  |            |
| * Title:   |            |
| 13 Competition Identification Number:  | 10.0       |
| * Title:   |            |
| 14 Areas Affected by Project (Cities, Counties, States, etc.):  Raymond New Hampshire, Rockingham County |            |
| * 15. Descriptive Title of Applicants Project:   |            |
| Mottolo Superfund Cooperative Agreement  |            |
| Attach supporting documents as specified in agency instructions.   |            |
| Appendix I and Appendix 2  |            |

| CONTRACTOR OF THE PERSON NAMED IN COLUMN     | Federal Assistance SF-424  |  |   | Version 02                           |
|--|--|--|---|--------------------------------------|
| 16. Congression                              | District 1 and District 2  |  | b December (Occions C                           | Notice 1                             |
| * a. applicant *                             | nal list of Program/Project Congression  |  | b. Program/Project D                            | ASTRICT 1                            |
| Muduli ali auditio                           | rial list of Program/Project Congressit  | oner Districts it needed                           |   |                                      |
| 17. Proposed Pr                              | roject:  |  |   |                                      |
| * a. Start Date:                             | 11/1/2009  |  | b. End Date:                                    | 12/31/2010                           |
| 18. Estimated Fi                             | unding (\$):   |  |   |                                      |
| *a. Federal                                  | \$500  | .000   |   |                                      |
| * b. Applicant                               |  |  |   |                                      |
| * c. State                                   |  | \$0  |   |                                      |
| d. Local                                     |  |  |   |                                      |
| e. Other                                     |  |  |   |                                      |
| f. Program Inco                              | me   |  |   |                                      |
| g. TOTAL                                     | \$500  | ,000   |   |                                      |
| 19. Is the Appli                             | cation Subject to Review by State U  | Jnder Executive Order                              | 12372 Process?                                  |                                      |
| Xa. This ap                                  | plication was made available to the St   | tate under the Executive                           | Order 12372 Process I                           | for review on .                      |
| _  | n is subject to E.O. 12372 but has not   |  |   |                                      |
| C. Progran                                   | is not covered by E.O. 12372.  |  |   |                                      |
| * 20. Is the Appl                            | icant Delinquent On Any Federal De   | ebt? (If "Yes", provide                            | explanation.)                                   |                                      |
| Yes  | X No   |  |   |                                      |
| herein are true,<br>with any resultin        | ng terms if I accept an award. I am a<br>sivil, or administrative penalties (U.S | of my knowledge. I als<br>aware that any false, fi | to provide the required ctitious, or fraudulent | d assurances ** and agree ro comply  |
| ** The list of certi<br>specific instruction |  | net site where you may o                           | btain this list, is contain                     | ed in the announcement of the agency |
| Authorized Repr                              | esentative:  |  |   |                                      |
| Prefix:                                      |  | * First Name                                       | Michael   |                                      |
| Middle Name                                  | J.   |  |   |                                      |
| * Last Name                                  | Walls  |  |   |                                      |
| Suffix:                                      | ,,,,   |  |   |                                      |
| Title:                                       | Assistant Commissioner   |  |   |                                      |
|  |  |  |   |                                      |
| Telephone Num                                | ber: 603-271-3509  |  | Fax Number:                                     |                                      |
| * Email                                      | Michael.Walls@des.nh.gov   | 1 8  |   |                                      |
| *Signature of Auti                           | norized Representative: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                    | W/ / h   | lb.   | Date Signed 10/1/04                  |
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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

| BUDGET INFORMATION            |                            |
|-------------------------------|----------------------------|
| ION Non-Construction Programs |                            |
|                               | OMB Approval No. 0348-0044 |

|  |                    | SEC                         | SECTION A BUDGET SUMMARY            | 47                 |                       |              |
|--|--------------------|-----------------------------|-------------------------------------|--------------------|-----------------------|--------------|
| Grant Program                            | Catalog or Federal | Estimated Unobligated Funds | ligated Funds                       |                    | New or Revised Budget |              |
| or Activity (a)                          | Number<br>(b)      | Federal<br>(c)              | Non-Federal<br>(d)                  | Federal<br>(e)     | Non-Federal<br>(f)    | Total<br>(g) |
| 1.                                       |                    |                             |                                     |                    |                       | \$0          |
| io                                       |                    |                             |                                     |                    |                       | \$0          |
| μ  |                    |                             |                                     |                    |                       | \$0          |
| 4.                                       |                    |                             |                                     |                    |                       | \$0          |
| 5. TOTALS                                |                    | \$0                         | \$0                                 | \$0                | \$0                   | \$0          |
|  |                    | SECT                        | SECTION B BUDGET CATEGORIES         | NES                |                       |              |
|  |                    | Fordered                    | GRANT PROGRAM, FUNCTION OR ACTIVITY | NCTION OR ACTIVITY |                       | Total        |
| a. Personnel                             |                    | \$7,476                     |                                     |                    |                       | \$7,476      |
| b. Fringe Benefits                       |                    | \$4,242                     |                                     |                    |                       | \$4,242      |
| c. Travel                                |                    | \$0                         |                                     |                    |                       | \$0          |
| d. Equipment                             |                    | \$0                         |                                     |                    |                       | \$0          |
| e. Supplies                              |                    | \$0                         |                                     |                    |                       | \$0          |
| f. Contractual                           |                    | \$486,135                   |                                     |                    |                       | \$486,135    |
| g. Construction                          |                    | \$0                         |                                     |                    |                       | \$0          |
| h. Other                                 |                    | \$1,800                     |                                     |                    |                       | \$1,800      |
| i. Total Direct Charges (sum of 6a - 6h) | sum of 6a - 6h)    | \$499,653                   |                                     |                    |                       | \$499,653    |
| j. Indirect Charges                      |                    | \$347                       |                                     |                    |                       | \$347        |
| k. TOTALS (sum of 6i and 6j)             | id 6j)             | \$500,000                   |                                     |                    |                       | \$500,000    |
|  |                    | 1.4                         |                                     |                    |                       |              |
| 7. Program Income                        |                    |                             |                                     |                    |                       | \$0          |

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|                                  |                                |  |   |                                  | 23. Remarks                        |
|----------------------------------|--------------------------------|--|---|----------------------------------|------------------------------------|
| See Attachement I, Budget Detail |                                | 22. Indirect Charges   | tail  | See Attachement I, Budget Detail | 21. Direct Charges:                |
|                                  | ATION                          | SECTION F OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary) | SECTION F<br>(Attach  |                                  |                                    |
| \$0                              | \$0                            | \$0  |   | nes 16 - 19)                     | 20. TOTALS (sum of lines 16 - 19)  |
|                                  |                                |  |   |                                  | 19.                                |
|                                  |                                |  |   |                                  | 18.                                |
|                                  |                                |  |   |                                  | 17.                                |
|                                  |                                |  |   |                                  | 16.                                |
| (d) Third                        | (c) Second                     | (b) First  |   | (a) Grant Program                |                                    |
| ERIODS (Years)                   | FUTURE FUNDING PERIODS (Years) |  |   |                                  |                                    |
| ECT                              | FOR BALANCE OF THE PROJE       | FEDERAL FUNDS NEEDED F   | SECTION E BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT | SECT                             |                                    |
| \$125,000                        | \$125,000                      | \$125,000  | \$500,000   | es 13 and 14)                    | 15. TOTAL (sum of lines 13 and 14) |
|                                  |                                |  | \$0   |                                  | 14. NonFederal                     |
| \$125,000                        | \$125,000                      | \$125,000  | \$500,000   |                                  | 13. Federal                        |
| 3rd Quarter                      | 2nd Quarter                    | 1st Quarter  | Total for 1st Year  |                                  |                                    |
|                                  | EDS                            | SECTION D FORECASTED CASH NEEDS  | SECTION D   |                                  |                                    |
| \$0                              | \$0                            | \$0  |   | ines 8 - 11)                     | 12. TOTALS (sum of lines 8 - 11)   |
|                                  |                                |  |   |                                  | 7.                                 |
|                                  |                                |  |   |                                  | 10.                                |
|                                  |                                |  |   |                                  | 9.                                 |
|                                  |                                |  |   |                                  | Ç.                                 |
| (d) Other Sources                | (c) State                      | (b) Applicant  |   | (a) Grant Program                |                                    |

#### ATTACHMENT I MOTTOLO SUPERFUND SITE (SECTION F - LINES 21 & 22)

## NHDES COOPERATIVE AGREEMENT (11/01/09 - 12/31/10)

| , trio   | 700 1201/10)   | To           | SUDGET AMOUNT  |
|--|--|--------------|----------------|
|  |  |              | (\$)           |
| a. Personnel                                   |  |              |                |
| CERCLA Director                                |  | \$3,207.00   |                |
| Project Manager                                | THE PROPERTY OF THE PROPERTY O | \$0.00       |                |
| Field Personnel                                |  | \$4,269.00   | \$7,476.00     |
| b. Fringe Benefits (48.3%)                     |  | √ \$3,610.91 |                |
| COLA (8.44%)                                   |  | √ \$630.97   | \$4,241.88     |
| c. Travel                                      |  |              | \$0.00         |
| d. Equipment                                   |  |              | \$0.00         |
| e. Supplies                                    |  | 1            | \$0.00         |
| f. Contractual                                 |  |              | \$486,134.91   |
| g. Construction                                |  |              | \$0.00         |
| h. Other                                       |  |              |                |
| Computer maintenance (\$2504 per FTE)          |  | \$288.92     |                |
| Building rent (\$3661 per FTE)                 |  | \$422.42     |                |
| Lab work                                       |  | \$0.00       |                |
|  |  | \$0.00       |                |
| NH Dept. of Justice                            |  |              |                |
| Audit (0.001 of total)                         |  | √ \$500.00   |                |
| Administrative Support (5% of a & b)           |  | √ \$585.89   | ,              |
| EAP (\$27 per FTE)                             |  | √\$3.12      | √ \$1,800.36   |
| i. Total Direct Charges                        |  | 1            | \$499,653.15   |
|  |  |              |                |
| j. Indirect Charges (2.96% of a & b)<br>budget |  |              | √ \$346.85     |
| k. Total Funds                                 |  |              | . \$500,000.00 |
| a. Personnel                                   | Rate (\$/hour)   | hours / 150/ | % of FTE       |
|  |  |              |                |
| Civil Engineer VI (LG32-08)                    | \$42.76  | 75           | 3.8%           |
| Civil Engineer V (LG30-08)                     | \$39.07  | 0            | 0.0%           |
| Environmentalist III (LG23-08)                 | \$28.46  | 150          | 7.7%           |
|  | 1  | 10.00        |                |
|  | 1 1  |              | 1115 47        |

NOW Pers

Task & Budget Detail for 2009 Cooperative Agreement Application Mottolo Pig Farm Superfund Site Raymond, New Hampshire

| Task  | Budget (\$) |
|---|-------------|
| Installation & development of up to six deep bedrock wells & replacement of 4 existing low yield monitoring wells | 156,000     |
| Conduct geophysical evaluation of up to 3 bedrock wells   | 30,000      |
| Expanded residential sampling   | 15,000      |
| Sampling & analysis updates   | 15,000      |
| Sampling of up to six new rock wells  | 15,000      |
| Pump test   | 50,000      |
| Site-wide groundwater sampling  | 80,000      |
| Groundwater modeling  | 30,000      |
| Site conceptual model   | 5,135       |
| Investigative reporting   | 40,000      |
| Reporting (focused feasibility study or engineering cost analysis)  | 40,000      |
| Public meeting preparation & action items   | 10,000      |
| Total   | 486,135     |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), the Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for federally-assisted construction subagreement.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988: (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) Related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance will Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Anima! Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) Pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) Which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL | TITLE                  |
|---|------------------------|
| Withell Willer                              | Assistant Commissioner |

APPLICANT ORGANIZATION

New Hampshire Department of Environmental Services

DATE SUBMITTED

Standard Form 424B (Rev. 7-97) Back



United States Environmental Protection Agency Washington, DC 20460

| EPA | Projec | t | Control | Number |
|-----|--------|---|---------|--------|
|-----|--------|---|---------|--------|

## Certification Regarding Debarment, Suspension, and Other Responsibility Matters

The prosp ective participant certifies to the best of its knowledge and belief that it and the principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from clovered transactions by any Fieder all deplartment or agency;
- (b) Have not within a three year period preceding this proposal been convicted of or had a civil judg men t rendered against them for commission of fraud or a criminal offens e in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction: violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving sto len property.
- (c) Are not presently indicted for otherwise criminally or civilly charged by a government entity (Federa I, State, or local) with c omm ission of any of the offens es enu merated in paragrap h (1) (b) of this certification;
- (d) Have not within a three-year period preceding this application/proposal had one or more public transaction s (Fede ral, State, or local) term instead or c ause o r default.

I understand that a false statement on this certification may be ground for rejection of this proposal or termination of the award. In add ition, under 18 U SC S ec. 10 01, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

|  |                  |          | ¥3           |
|--|------------------|----------|--------------|
| dichael J. Walls, Assistant Commissioner           |                  |          |              |
| Na ma & Title of Auth orized R epres entative      |                  |          |              |
| Authorized Reptes entative Dale                    |                  |          | Signature of |
| numero naples emanye para                          |                  |          |              |
|  |                  |          |              |
| *  |                  |          |              |
| I am unable to certify to the above statements. My | explanation is a | ttached. |              |
|  |                  |          |              |

EPA Form 5700-49 (11-88)

EPA Project Control Number

### CERTIFICATION REGARDING LOBBYING

#### CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL. ADisclosure Form to Report Lobbying.≅ in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

| Michael J. Walls. Assistant Commissioner        |         |
|---|---------|
| Typed Name & Title of Authorized Representative |         |
| Typed Name & Title of Authorized Representative | 10/1/05 |
| Signature of Authorized Representative          | Date    |

#### United States Environmental Protection Agency Washington, DC 20460 Preaward Compliance Review Report for All Applicants and Recipients Requesting EPA Financial Assistance Note: Read instructions on other side before completing form Applicant/Recipient (Name, Address, State, Zip Code). DUNS No. 03302-0095 NHDES, 29 Hazen Dr., PO Box 95, Concord, NH 04-2828025 Is the applicant currently receiving EPA assistance? 11. List all civil rights lawsuits and administrative complaints pending against the applicant/recipient that allege discrimination based on race. color, national origin, sex, age, or disability. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. Sec instructions on reverse side.) None List all civil rights lawsuits and administrative complaints decided against the applicant/recipient within the last year that allege discrimination based on race, color, national origin, sex, age, or disability and enclose a copy of all decisions. Please describe all corrective action taken. (Do not include employment complaints not covered by 40 C.F.R. Parts 5 and 7. See instructions on reverse side.) List all civil rights compliance reviews of the applicant/recipient conducted by any agency within the last two years and enclose a copy of the review and any decisions, orders, or agreements based on the review. Please describe any corrective action taken. (40 C.F.R. § 7.80(c)(3)) Is the applicant requesting EPA assistance for new construction? If no, proceed to VII; if yes, answer (a) and/or (b) below. No Yes a. If the grant is for new construction, will all new facilities or alterations to existing facilities be designed and constructed to be readily accessible to and usable by persons with disabilities? If yes, proceed to VII; if no, proceed to VI(b). Yes b. If the grant is for new construction and the new facilities or alterations to existing facilities will not be readily accessible to and usable by persons with disabilities, explain how a regulatory exception (40 C.F.R. § 7.70) applies. VII. Does the applicant/recipient provide initial and continuing notice that it does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs or activities? (40 C.F.R. § 5.140 and § 7.95) X Yes No a. Do the methods of notice accommodate those with impaired vision or hearing? X Yes No b. Is the notice posted in a prominent place in the applicant's offices or facilities or, for education programs and activities, in appropriate periodicals and other written communications? XYES NO periodicals and other written communications? c. Does the notice identify a designated civil rights coordinator? X Yes VIII.\* Does the applicant/recipient maintain demographic data on the race, color, national origin, sex, age, or handicap of the population it serves? (40 C.F.R. § 7.85(a)) IX. Does the applicant/recipient have a policy/procedure for providing access to services for persons with limited English proficiency? (40 C.F.R. Pan 7, E.O. 13166) Yes If the applicant/recipient is an education program or activity, or has 15 or more employees, has it designated an employee to coordinate its compliance with 40 C.F.R. Parts 5 and 7? Provide the name, title, position, mailing address, e-mail address, fax number, and telephone X.º number of the designated coordinator. If the applicant/recipient is an education program or activity, or has 15 or more employees, has it adopted grievance procedures that assure the prompt and fair resolution of complaints that allege a violation of 40 C.F.R. Parts 5 and 7? Provide a legal citation or Internet address for, or a copy of, the procedures. For the Applicant/Recipient I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. I assure that I will fully comply with all applicable civil rights statutes and EPA regulations. B. Title of Authorized Official sture of Authorized Officia C Date Assistant Commissioner 06 For the U.S. Environmental Protection Agency I have reviewed the information provided by the applicant/recipient and hereby certify that the applicant/recipient has submitted all preaward compliance information required by 40 C.F.R. Parts 5 and 7; that based on the information submitted, this application satisfies the preaward provisions of 40 C.F.R. Parts 5 and 7; and that the applicant has given assurance that it will fully comply with all applicable civil rights statutes and EPA

B. Title of Authorized EPA Official

C. Date

Sec \*\* note on reverse side.

EPA Form 4700-4 (Rev. 03/2008), Previous editions are obsolete.

A. Signature of Authorized EPA Official



#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

## OMB CIRCULAR A-87 COGNIZANT AGENCY NEGOTIATION AGREEMENT

Page 1 of 2

State of New Hampshire

Department of Environmental Services

Concord, New Hampshire

Date: February 25, 2008

Filing Ref: February 28, 2007

The indirect cost rates contained herein are for use on grants and contracts with the Federal Government to which Office of Management and Budget Circular A-87 applies, subject to the limitations contained in the Circular and in Section II, A below.

SECTION I: RATES

Effective Period

Type Fixed From To Rate Bas 7/1/2008 6/30/2009 2.96% (a)

Basis for Application
(a) Direct Salaries and Wages including Fringe Benefits.

Treatment of Fringe Benefits: Fringe Benefits applicable to direct salaries and wages are treated as direct costs.

SECTION II: GENERAL

A. LIMITATIONS: The rates in this Agreement are subject to any statutory and administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the department/agency or allocated the department/agency by an approved cost allocation plan were included in the indirect cost pool as finally accepted; such costs are legal obligations of the department/agency and are allowable under governing cost principles; (2) The same costs that have been treated as indirect costs have not been claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the department/agency which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

State of New Hampshire Department of Environmental Services Concord, New Hampshire

- B. CHANGES. The fixed rate contained in this agreement is based on the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure and the accounting system in effect at the time the proposal was submitted. Changes in the organizational structure or changes in the method of accounting for costs which affect the amount of reimbursement resulting from use of the rate in this agreement, require the prior approval of the authorized representative of the responsible negotiation agency. Failure to obtain such approval may result in subsequent audit disallowance.
- C. THE FIXED RATE contained in this agreement is based on an estimate of the cost which will be incurred during the period for which the rate applies. When the actual costs for such a period have been determined, an adjustment will be made in the negotiation following such determination to compensate for the difference between the cost used to establish the fixed rate and that which would have been used were the actual costs known at the time.
- D. NOTIFICATION TO FEDERAL AGENCIES: Copies of this document may be provided to other Federal agencies as a means of notifying them of the agreement contained herein.
- E. SPECIAL REMARKS: None

By the State Agency:

#### ACCEPTANCE

Thomas & Burack
(Signature)

THOMAS S. Burack
(Name)

Commissione
(Title)

Dept & Environmental Services
(Agency)

Jaquelini Sinch

By the Federal Agency:

Jacqueline Smith, Rate Negotiator Financial Analysis and Oversight Service Center U.S. Environmental Protection Agency February 26, 2008

Negotiated by: Jacqueline Smith Telephone: (202) 564-5055

## ATTACHMENT II MOTTELO PIG FARM SUPERFUND SITE REMEDIAL ACTION WORK PLAN

November 1, 2009 to December 30, 2010

#### I. Introduction and Work Plan

TH= Technical Assistance

The New Hampshire Department of Environmental Services (NHDES) is applying for a Cooperative Agreement for reevaluation work at the Mottolo Pig Farm Superfund Site (Site) in Raymond, NH. The request is for \$500,000 to look at issues identified by the August 2008 Five-Year Review, and NHDES will work with EPA to determine if modifications are required to assure that the Site remedy will be protective of human heath and the environment. Table 1 summarizes the work planned for this grant period, and how it relates to EPA's strategic plan.

Table 1. Work Plan and Environmental Results

| EPA Strategic<br>Plan<br>Objectives   | 2010<br>Grant<br>Funding | Work Plan Activities<br>11/1/2009 to 12/31/2010  | Results of<br>Activities<br>(Outputs)   | Projected<br>Environmental<br>Improvement<br>(Outcome)                       |  |
|---|--------------------------|--|---|--|--|
| Goal 3: Land Preservation and Restoration 3.2: Restore Land 3.2.2: Clean Up and Reuse Contaminated Land | \$500,000<br>Federal     | Within grant period DES will:  > Re-evaluate site model and confirm link between offsite above standard contamination and the Site.  > Investigate suspected residual contaminant source areas in bedrock and overburden (if EPA Geo-Probe investigation indicates more overburden work is needed).  > Evaluate Contaminant Pathways and investigate nature and extent of offsite migration  > Replace monitoring wells as necessary.  > Conduct community relation's activities.  > Perform all reporting requirements of this Cooperative Agreement. | > The extent and nature of off-site contamination will be characterized. > Information necessary to reevaluate and modify the remedy and the ROD will be obtained. > The State will oversee contractor activities participate in community and technical meetings and conference calls. | > The amended remedy will be protective of human health and the environment. |  |

#### II. Explanation

The Five Year Review of August 2008 found that concentrations of trichloroethylene (TCE) appear to be increasing in some wells (MO-3SR, MW-22D and MO-5DR) and decreasing in others (MO-2S, OW-2DR, MO-3DR and MW-21D). The increase in TCE may be: 1) a slow response to the removal of the groundwater interceptor trench and associated cap, resulting in a more northerly flow direction for the plume; 2) the result of seasonal variation in groundwater flow patterns; or 3) the result of residual soil contamination not identified during previous Site characterization work.

Volatile organic compounds and arsenic are the primary contaminants of concern in groundwater, surface water, soils and sediments. The Remedial Investigation (RI) identified two primary sources of contamination: 1) the former drum disposal area; and 2) the area west of the piggery building in the vicinity of large concrete pad (near the southern boundary).

Concentrations of arsenic in groundwater are above regional concentrations and suggest that an arsenic source may still exist on Site. The source may be associated with arsenic-based chemicals used in the former piggery operation or naturally occurring arsenic in bedrock and soils that have been mobilized by oxidation/reduction processes caused by the disposal and later remediation of Site chemicals.

This grant would allow NHDES to plan and initiate the following:

- Conduct a remedial performance evaluation of Site monitoring data and assess the effectiveness of remedial actions to date.
- Create a mathematical subsurface stratigraphy and groundwater flow model to be used to evaluate contaminant fate and transport.
- Address data gaps and confirm the presence or absence of contamination in potential source areas through additional exploration;
- Install supplemental bedrock monitoring wells to better understand groundwater flow and contaminant transport in the bedrock;
- Develop a residential well sampling program that would allow sampling of specific fracture zones intersected by area wells;
- Perform water level and elevation surveying work to evaluate the impacts of residential, commercial and industrial withdrawals and the regional effects of the Exeter River on bedrock groundwater, and;
- · Prepared reports and conduct regularly scheduled public meetings.





#### STATE OF NEW HAMPSHIRE

OFFICE OF ENERGY AND PLANNING

4 Chenell Drive, Suite 201 Concord, NH 03301-8501 Telephone: (603) 271-2155 Fax: (603) 271-2615



#### NEW HAMPSHIRE INTERGOVERNMENTAL REVIEW PROCESS (E.O. 12372) SINGLE POINT OF CONTACT RESULTS SUMMARY

| <u> </u>   |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| то:  | Ron Jennings U.S. Environmental Protection Agency jennings.ron@epamail.epa.gov  |  |  |  |  |  |  |
| FROM:  | Meghan McPherson, Grants Manager  |  |  |  |  |  |  |
| DATE:  | October 6, 2009   |  |  |  |  |  |  |
| APPLICANT:   | NH Department of Environmental Services   |  |  |  |  |  |  |
| PROGRAM/PROJECT:   | Superfund State, Political Subdivision, and Indian Tribe Site-Specific Cooperative Agreements / Mottolo Superfund Cooperative Agreement CFDA # 66-802 |  |  |  |  |  |  |
| SAI#   | NH091016.478  |  |  |  |  |  |  |
| СОРУ ТО:   | Andrew Hoffman, P.E. Waste Management Division NH Department of Environmental Services 29 Hazen Drive Concord, NH 03302                               |  |  |  |  |  |  |
| RESULTS SUMMARY  | ergovernmental Review Process for the stated program / project has been   |  |  |  |  |  |  |
|  | ponses are summarized below. Please refer to the attached copy of the   |  |  |  |  |  |  |
| Concur.  |   |  |  |  |  |  |  |
| Concurrence Only with Conditions: Permits required or technical comments attached. |   |  |  |  |  |  |  |
| _ Technical Comments   | :   |  |  |  |  |  |  |
| _ Do not Concur.   |   |  |  |  |  |  |  |
| 2 No Comment or Non-   | Receipt: Presumed Concurrence.  |  |  |  |  |  |  |
|  | 11 1 20.0   |  |  |  |  |  |  |

Meghan McPherson, Grants Manager

Authorized Signature



#### STATE OF NEW HAMPSHIRE

OFFICE OF ENERGY AND PLANNING

4 Chenell Drive, Suite 201 Concord, NH 03301-8501 Telephone: (603) 271-2155 Fax: (603) 271-2615



www.nh.gov/oep

#### NEW HAMPSHIRE INTERGOVERNMENTAL REVIEW PROCESS SINGLE POINT OF CONTACT REQUEST FOR REVIEW

Rockingham Planning Commission Southern NH Planning Commission

Date:

10/22/2009

SAI No .:

NH091016.478

Applicant: NH Department of Environmental Services

Project:

Mottolo Superfund Cooperative Agreement Superfund State, Political Subdivision, and

Indian Tribe Site-Specific Cooperative

Agreements

US Environmental Protection Agency

CFDA No: 66-802

Return Before:

10/31/2009

The attached Federal Assistance request is forwarded for your review and comments. The review should focus on the project's compatibility with the plans, programs and objectives of your agency.

For additional information regarding Andrew Hoffman, P.E.

this application, contact:

Waste Management Division

603-271-6778

If you have questions about the NH Intergovernmental Review Process, please contact Meghan McPherson at 271-2155.

It is important that the original copy of this review be returned to this office prior to the date shown above: Non-Receipt of the review implies tacit concurrence.

| Comments:      | Check One                     | e - Additional C                   | Comments should                         | be included on a s | eparate sheet.     |                |            |
|----------------|-------------------------------|------------------------------------|---|--------------------|--------------------|----------------|------------|
| Concu          | ır                            |                                    | Concur, Permits                         | Required (List: _  |                    |                |            |
| Concu          | or Only with<br>es or modific | h conditions (<br>ations desired.) | (Indicate major re                      | servations about t | the project and t  | the specific s | ubstantive |
|                |                               |                                    | the major defen<br>ans, statutes, etc.) | sible reasons for  | recommended        | disapproval    | including  |
|                | ical Comme                    | ents (Although                     | the reviewer may                        | not wish to take a | formal position, 1 | technical com  | ments may  |
| No Co          | mment                         | PLEASE                             | RETURN                                  | S TOP SHEET        | ONLY               |                |            |
| Reviewer's Sig | gnature:                      |                                    |   |                    | Date: _            | <del></del>    |            |
| Reviewer's Na  | ame:                          |                                    | .0                                      |                    | Title:             |                |            |
|                |                               |                                    | Please Type                             | e or Print         |                    |                |            |

TDD Access: Relay NH 1-800-735-2964